

Case Number:	CM15-0070601		
Date Assigned:	04/20/2015	Date of Injury:	06/21/2010
Decision Date:	05/26/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/14/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59-year-old male with an industrial injury dated June 21, 2010. The injured worker diagnoses includes cervical spine and trapezius sprain/strain with bilateral upper extremity radiculopathy, bilateral elbow medial/lateral epicondylitis and lumbar spine sprain/strain with radiculopathy of left lower extremity /sacroiliac (SI). He has been treated with diagnostic studies, prescribed medications, home exercise therapy and periodic follow up visits. According to the progress note dated 3/03/2015, the injured worker reported worsening moderate to severe frequent pain rated an 8-9/10. Review of systems revealed joint pain and muscle spasms of musculoskeletal system. Objective findings revealed muscle guarding and asymmetric muscle loss of cervical and lumbar spine. Sensory loss in left lower extremity at L5-S1 and positive straight leg raises on the left were also noted on examination. The treating physician prescribed Medrox ointment 20%.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Medrox ointment 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Medrox 20%, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Capsaicin is Recommended only as an option in patients who have not responded or are intolerant to other treatments. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Medrox 20% is not medically necessary.